



APRIL 2015

FROM THE EDITORS

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DEPLOYMENT ISSUE

Welcome to the newest issue of *The Navy Psychologist*, the newsletter of the Navy psychology community! This issue, drawn from the reminiscences of many of us, focuses on deployments – from ships, to OSCAR teams, to care packages, to coming home. Navy psychologists continue to prove themselves of great value in our most far-forward environments, closest to the war fighter. This issue is dedicated to the contributions our civilian, reserve, and active duty component members continue to make in the field.

Thank you all for the outstanding collective effort on this issue. We'll look forward to seeing you again for the next regular issue, anticipated in September of 2015.

Very Respectfully,

LT Jay A. Morrison and CDR Carrie H. Kennedy

MESSAGE FROM THE SPECIALTY LEADER

I am glad that this issue of *The Navy Psychologist* will focus on deployments. This is one of the greatest aspects of being a Navy psychologist that distinguishes us from our civilian counterparts. Without a doubt, my five deployments have been the highlight of my career in the Navy and will be the memories I cherish most. These memories are of tremendous happiness, pride, struggle, and horror, but through them all I doubt I will ever feel a greater sense of purpose, camaraderie, and honor. I know my experience is shared by many of you and I thank all the Navy psychologists who have answered the call and deployed around the world in support of our brave warriors.

My first deployment was as a Carrier Strike Group Psychologist on the USS Constellation (CV 64). My next three deployments were to Iraq in support of the Marines, specifically Fallujah, Ramadi, and Haditha. My last deployment was to Joint Task Force Guantanamo Bay, Cuba. I could write volumes on my experiences from these deployments, but to provide a representative glimpse, I thought I would share a small passage from my journal about one day in Fallujah, Iraq.

March 8: Burning flesh and diesel fuel

It has been a very busy two days. Charlie Surgical Company in Fallujah, Iraq has been inundated with mass casualties since taking over just a week ago. We had a group of three insurgents with gunshot wounds (GSWs) to the face, leg and other parts of their bodies. They were captured in a fire fight and needed to be seen by us before they were transferred to Abu Ghraib prison. The insurgents were dirty, unshaven, and in tattered clothes. They smelled and continually mumbled or yelled "Praise Allah" in Arabic ("Allahu Akbar").

(Continued on page 11)



Clinical Psychology Specialty Leader
CAPT Scott Johnston
Ramadi, Iraq

MESSAGE FROM THE RESERVE ASSISTANT SPECIALTY LEADER

Before 9/11, reservists mobilized infrequently. Since then, most reserve clinical psychologists have deployed, and some three times. Two years ago, approximately 15% of our roster was forward-deployed at any one time. Most of the reserve clinical psychology community had taken a turn to go forward. The active duty component is shouldering most of the burden now, and mobilizations occur less frequently. Nonetheless, we should always be ready to deploy.

If you want to volunteer for a deployment, let me know. I can work to identify requirements.

If you are involuntarily recalled to active duty, you should be given six-months notice. Use this time thoughtfully. You've got a lot to take care of before you leave your family, home, and job.

1. Contact the mobilization office at your NOSC, and obtain a copy of your orders. If they do not have them, log on to BUPERS on-line. Use the mobilization/view-orders application. You should have orders in the system. Read them carefully. They will tell your mobilization date, your intermediate stop (i.e., Navy Mobilization Processing Site: NMPS), and your ultimate duty station, billet, and boots on the ground. Your entitlements will be specified in the orders.

2. Within three-months of your mobilization date, you should have all of the prescribed online training completed. Log into Navy Knowledge Online. There is a prescribed curriculum for deployers. Each deployment site has its own curriculum, but there is a common core of online courses to complete. These will take you several hours, so plan accordingly. The mobilization office of your NOSC will be able to help you identify the curriculum of courses for you to complete. Although these are tedious and sometimes nonsensical (i.e., cold weather training for people deploying to Guantanamo Bay), you will receive retirement points for them.

3. Your Tricare benefits will start approximately six-months before you deploy. This is intended to facilitate you completing all medical requirements well in advance of your report date. If you intend to have your family covered by Tricare in your absence, I strongly encourage you to get the paperwork submitted well in advance of your departure. I can attest that this can be a frustrating and Kafka-esque process. Pro Tip: if you get the runaround on the phone, ask to speak with the supervisor. If you continue to get the runaround, ask to speak with the supervisor's supervisor.

4. Notify your reserve unit OIC that you are being mobilized. They should know, but they may be unaware. Pro Tip: Reschedule all of your drills for the remainder of the fiscal year before you deploy. If you don't, you've left money on the table. Moreover, you are going to be inundated with administrative, medical, and training tasks that may assume byzantine qualities. Don't complete these tasks for free.

5. Assemble a list of important contacts. Take this list during your deployment. Pro Tip: Get DSN numbers and e-mail addresses for the NOSC mobilization office, GTCC administrator CO, XO, and operations officer. Get the phone numbers and e-mail addresses of your OIC and your reserve Command's DFA, XO, and CO. You may need to reach back at some point during your deployment. Get the DSN switchboard number of your nearest military facility. When you are overseas, you can call this switchboard, and make morale calls. Call the switchboard, and validate the morale call instructions with the operator. Each base has slightly different rules and restrictions. Some switchboards are entirely automated, and require special passcodes to work. Work out the details now. You may be given a morale call passcode at your duty station. Congratulations! You now have twice as many morale call minutes as the next guy.

6. When you are within 60-days of deploying, you should have received some contact from the person you will relieve. If you have not, contact the Expeditionary Combat Readiness Center (ECRC). The ECRC has contact with the Command you will support. Your NOSC mobilization office should be able to direct you to the ECRC action officer, facilitating contact with your predecessor. Re-read your orders. You should have called the BOQ at your NMPS site to make a reservation. You don't want to show up at 0200 and have no place to stay. Pro-Tip: If you are going to NMPS-Norfolk, make certain that you are staying on the base side instead of airfield side. Yes, the reservation clerk may do that to you. Ask for Maury or Decatur Hall when you make a reservation. Those buildings are about two blocks from the NMPS and chow hall.



Clinical Psychology Reserve Assistant
Specialty Leader
CDR Michael Basso

OSCAR: THE EXPEDITIONARY MODEL OF CARE

LT JESSE LOCKE

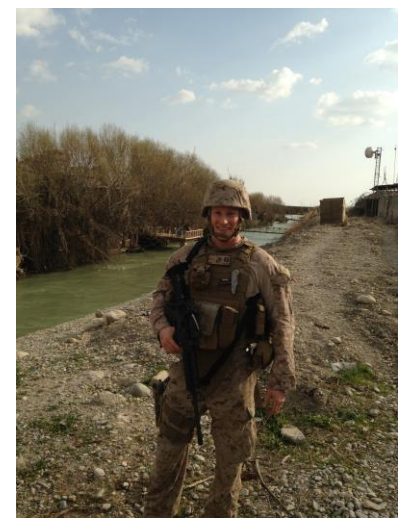
Operational Stress Control and Readiness or OSCAR is a unique expeditionary billet that embeds mental health providers with Marine Corps units specifically in the Ground Combat Element (GCE). It is the OSCAR provider's job in a deployed setting to travel the Area of Operation (AO) in order to meet with Marines and Sailors where ever they may be. Instead of pulling a much needed body and gun off a small base where every person counts, the OSCAR provider goes to them in order to break down barriers to care, reduce stigma, and keep Marines and Sailors as close to the fight as possible.

The expeditionary model of care is based on research as well as decades of war fighting experience dating back to the First World War. Doctors noticed the further a service member was treated from the front line the less likely they were to successfully address their mental health symptoms. Thus, the OSCAR concept is nothing new, but it puts an unprecedented emphasis on integrating with units and providing care as close to the front as possible.

Using my own deployment as an example, the OSCAR travelled an average of three days per week to the outlying bases to see anyone identified by medical staff, teach Corpsman about mental health issues, and spend time breaking down barriers and reducing stigma by simply being present with as many people in as many situations as possible. Regardless of how many formal interactions occurred, Marines and Sailors were also seen informally in the smoke pit, gym, or chow hall. In these casual settings, people seemed more comfortable opening up about life on their current deployment or prior deployments. During a casual conversation topics ranged from an argument with a girlfriend to traumatic combat experiences. These Marines and Sailors were not considered mental health patients as they were not seeking care and generally the stressors or discomfort were considered normal. But, by physically being there the OSCAR has the invaluable opportunity to intervene: to listen and provide education, suggestions, and normalize things early so the problems do not become impairing. Unfortunately, the stigma associated with mental health is real, but these expeditionary trips were proactive in reducing the mystery (which promotes mistrust) surrounding psychology and military psychologists.

The most rewarding situations were times when Marines remembered me in different contexts or would recommend a buddy. One Marine from a small and very active Patrol Base stopped me in the chow hall on Camp Leatherneck and said "Hey do you remember me; I was the guy waiting for the helicopter with you. You know, the one who was joking about my buddy's wife sleeping around." We ate lunch together and talked about his deployment and his apprehension with reintegration. In that short time we were able to casually process many of his concerns about life after Afghanistan. He was heading home soon and had been engaged in combat operations steadily for five months. He was a hard charging Marine and because of our past interactions on his home turf he felt comfortable opening up. A casual lunch was quite possibly more powerful than psychology's office-bound interventions.

Other barriers include lack of understanding and misinformation. Commands gradually grow to understand that the OSCAR job is one of force multiplier; someone who does their work quietly and would only recommend taking someone out of the game under necessary circumstances. The goal is to identify issues early and implement interventions before problems grow to the point necessitating a medical evacuation or becoming a tragedy. The persistence of OSCAR providers and support staff help to change people's minds about psychology and psychologists, which results in service members being more willing to get the services that they need. Ψ



OSCAR psychologists enjoy luxurious accommodations.

DEPLOYMENT LESSONS FROM THE USS THEODORE ROOSEVELT

LT JUSTIN BAKER AND LT TAHNEY GAIGE

We as military psychologists maintain dual roles as clinicians and as officers, artfully weaving together our command positions and collateral duties with our responsibilities to our patients. This proves to be even more difficult in a training status when the phrase "drinking through a fire hose" and "death by PowerPoint" do not even begin to describe the breadth and depth of knowledge needed to succeed as a Navy psychologist. Each of us have only been Navy psychology postdoctoral fellows for four months but our experiences as riders on the USS Theodore Roosevelt (TR) for 9 days, sponsored by LCDR Duff aka "Psych Boss," afforded us the opportunity to increase our competencies and confidence as both a psychologist and an officer in the USN. Here are some of the most helpful takeaways from our time aboard ship.



*"You can be doing everything right and still get killed!" This was a quote from Senior Chief Fall aboard the USS TR after the entire psychology department was almost taken out by a jet blast up on the flight deck. It becomes ever apparent the importance each worker on the flight deck plays in ensuring the safety of the pilots and deck hands in executing the launch and recovery of planes. Working together as a team and understanding the larger picture of the mission is critical in keeping up motivation, especially during a demanding underway.

*We as officers need to lead by example. The quarters start feeling quite small and lack of privacy begins to increase irritability and induce weariness. It becomes easy for officers to lose sight of how they can keep positivity and professionalism alive as the excitement of the underway begins to decrease. It is in these moments that it is imperative to draw on the strength of others fostering a strong community and sense of togetherness. We saw excellent examples of this, such as a simple, "How are you doing?" or movie nights in the ICU.

*Family support is key. Both of us have never been so thankful for our social support networks than when we had to leave loved ones behind the night we boarded the ship. Being able to connect with our loved ones through Facebook messenger and knowing that the ones left behind had support as well allowed us to focus on our tasks at hand. The same holds true for our patients. Helping and encouraging them to find and create supportive networks as they serve in their demanding and stressful roles is essential.

*Self-care. You have to see the ocean and the sky at least once a day. Practice what we preach, get a routine and take care of yourself or you will not be able to help those 5,000 sailors' mental health you are solely responsible for.

*Do things that challenge you. We both joined the Navy to serve those that serve and to seek out unique challenges afforded by the Navy. Some of those challenges include leaving the safety of our well-decorated offices and meeting the service member where they are. This may include being catapulted off of a ship, or traveling with Marines to places very few people have ever heard of. In each of these situations we bring our expertise as psychologists to help improve the mental health of all the service members and work towards the common goal of completing the mission. Our sailors need reasons to complete 20-hour days, and psychologists underway do as well. If you do not knock on doors or ask permission to do things outside of our normal routine we can miss out on seeing the stressors of working and living aboard ship and experiencing all that the Navy has to offer.

Which brings us to our next point of competence. Our ethics require us to act within our range of competency. Determining fitness for duty is one of those job requirements we as psychologists deal with everyday. Having a firm grasp of the daily stressors of being on a six-on/six-off work and sleep schedule, or studying to pass the various qualifications before the upcoming deployment is important knowledge when deciding if a particular sailor is fit to fulfill their duty, and will not be putting their lives or the lives of others at risk. Seeing the sailors' workspaces was invaluable training that gave us hands on insight as to what it takes to competently perform the important duties aboard a carrier. We were constantly amazed at the complexity of even the simplest task completed aboard ship and how each person played their part in working towards the common mission of maintaining freedom of the seas. Ψ

THE ANATOMY OF THE BEST AND WORST CARE PACKAGES

CDR CARRIE KENNEDY, MARINE CORPS EMBASSY SECURITY GROUP



First, I suppose it's always the thought that counts – better to get a care package when deployed than no care package! However, there is an art to the meaningful care package and maybe this short article will help family, friends and community supports everywhere send just the right thing ☺

The fundamental truths to a care package based on a highly unscientific poll of 32 deployers are in line with the general needs of human beings: take care of basic needs first and then work on the higher level pieces of home and nice-to-haves. And just like the old adage in elementary school, bring enough for everybody! Always send extras in a care package – a lot of people are sent nothing in the combat zone and these boxes in tight units become almost communal property as well as the highlight of the day (or month...).

With that said, if you are sending a care package to someone you know well, include the things they NEED. Are they out of socks? Toothpaste? Their favorite soap? This sounds absolutely unexciting to be sure but when you can't change your socks regularly or your stash of soap has gone missing, life pretty much stinks (literally and figuratively). Focus on the needs first, and if your service member is out of something important, assume that his/her fellow service members are also out and send extra.

Once needs have been met, think about comfort items. Comfort items occur on a spectrum but fall into some general categories: Physical Need Based, Emotional Need Based and Unique and Awesome.

The following are some favorites noted by deployers:

Physical Need Based: soft toilet paper, hot sauce, canned food/tuna packets (to get away from MREs), and tea and coffee (K-cups and individually packaged instant varieties).

Emotional Need Based: LETTERS from family and friends, PHOTOS from family and friends, hand crafted cards from school kids, card and board games, books, a fully-loaded Kindle or Nook, current magazines, clippings/printouts from local newspapers, and DVDs (favorites are complete television series and comedies, particularly Office Space and anything with Will Ferrell in it).

A note about letters and photos – yes, many deployers have some access to internet, social media, e-mail, etc. However, the tangible letter and picture that you can hold in your hand and carry around with you is still considered the way to go in a combat zone and that which provides the most meaning and emotional support, so always include something handwritten in a care package!

Unique and Awesome (caution: these are individually based and may not be applicable to everyone...): Remote control helicopter, lighted and decorated Christmas tree (which was placed in the Wounded Warrior Unit), vacuum cleaner, cigars, bread mix for our donated bread machine (fed the whole surgical company), Ladies Night package with mocktini mix, plastic martini glasses, chocolate and chick flicks on DVD, and dog treats and dog toys for the Army therapy dog and a resident bomb sniffing dog.

Which leads us to the worst things received in care packages. The number one item hands down was moldy or other inedible food. While a few people listed homemade goodies as the best thing they received, by far most people felt this was the worst thing. Depending on where a person is deployed, the food is going to take at least a couple of weeks (and maybe 4 or more) to get to them and many times the weather is conducive to serious food decay (think 120 degree weather in the summer in Afghanistan...). Think about it before you try to send their favorite cookies, etc. – they may not make it in any edible or even recognizable format. In that same line of thinking, melted chocolate was number 2. Ψ

DEPLOYMENT SNAPSHOT:**FROM EXPEDITIONARY TO ENDURING:
CAMP LEMONNIER, DJIBOUTI, AFRICA****LT JAY A. MORRISON**

Located approximately 20 miles from Yemen and 13 miles from the Somali boarder, Camp Lemonnier is situated in the heart of one of the most strategically vital regions to the United States and its allies. Comprised of 22 tenant commands from around the globe and over 4,600 personnel, the Camp continues to grow at a rapid rate: \$452 million in Military Construction Projects (MILCON) are underway, along with \$48 million in tenant-funded construction and \$144 million in additional construction by joint military-civilian groups. New facilities are on the horizon in every direction, as the base moves forward with a vision for a lasting future: in May of 2014, the United States and the Government of Djibouti signed an

Implementation Agreement that allows for base operations to continue for the next 30 years. In July of 2015, the first brick-and-mortar barracks is scheduled for completion to Leadership in Energy and Environmental Design (LEED) Silver standards. Life on Camp Lemonnier feels increasingly less austere by the month, with a thriving MWR program, a brand-new turf field, multi-denominational and multi-faith religious programs, Military Family Life Consultants (MFLC), and Fleet & Family Services all in place. And, of course, two Green Beans locations.

All of this is a far cry from the origins of the American mission here: Combined Joint Task Force – Horn of Africa (CJTF-HOA) was founded in October 2002 at Camp Lejeune, North Carolina, and operated off the coast of Djibouti aboard the USS Mount Whitney until moving ashore in May of 2003. Since that time, the mission has come to encompass a broad area of responsibility, to include Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Seychelles, Somalia, Tanzania, and Uganda, as well as areas of interest including the Central African Republic, Chad, Comoros, the Democratic Republic of the Congo, Egypt, Mauritius, Madagascar, Mozambique, Sudan, South Sudan, and Yemen. The increasing services available and permanency of Camp contribute considerably to the resilience of our service members whom otherwise would be living in a very challenging, and at times even harsh, environment, while conducting operations vital to our national interests and those of our allies. The Department of Expeditionary & Operational Psychology plays an important role in supporting service members' psychological health downrange, facilitating the transport of service members to a higher level of care when needed, and maintaining command readiness for personnel recovery and reintegration operations in the AOR. **Ψ**

*Save-the-Date**Clinical Psychologists Navy Day*

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COMBAT & OPERATIONAL STRESS CONTROL



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TARGET AUDIENCE
Active-duty psychologists,
DoD-affiliated
civilian psychologists
(GS/CTR)

DATE
Wednesday
August 26, 2015

TIME
8:00 am - 4:00 pm EDT

LOCATION
Naval Medical Center
Portsmouth
Building 3
2nd floor
classroom 4

A DRAWDOWN DEPLOYMENT

LT ADRIENNE MONASCO

In December 2013 I checked into Alpha Surgical Company, 1st Medical Battalion, 1st Marine Logistics Group as an Individual Augmentee in support of Operation Enduring Freedom (OEF). Our mission was to support Combat Logistics Battalion-7 with medical services for U.S. and – in a limited capacity – coalition forces located at and near Camp Leatherneck, a large Marine base located in Helmand Province in southwestern Afghanistan. Services offered by Alpha Co. included mass casualty response (surgical and emergency medicine), urgent primary care (sick call), dental, physical and occupational therapy, concussion rehabilitation, laboratory, pharmacy, and behavioral health (combat stress).

We arrived mid-January 2014 with the knowledge that the OEF terminus was pending. The Afghan election season was scheduled to begin in April 2014 and the outcome would greatly determine when and how we would leave the country. Within days of our boots hitting the ground speculation surged regarding who was going to be sent home early, an expression of professional anxiety about whose job was considered non-essential by the decision makers. During our pre-deployment workup we entertained a variety of scenarios about what we would see and do and it typically included rapid response to an incoming threat or heroically attending to the wounded. Yet the battlespace surrounding Camp Leatherneck was not as kinetic as we expected and frankly, not as kinetic as we hoped for.

Instead the work at Leatherneck Medical Complex was relatively routine and in the case of the 14.1 Alpha Surgical Company deployment the operational tempo of this deployment was low and slow. Our boots were on the ground to pack it up or throw it away. Both within the company and in the words of patients, people were bored. Collectively we had anticipated the dangers inherent to a combat deployment and in their absence were disappointed, which in itself created internal conflict. Combat as a concept offered personal and professional challenges such as facing death and destruction with an opportunity to grow through the experience with wisdom and humility. By virtue of the profession, a psychologist fundamentally hopes for health and wellbeing of her patients; however, a military psychologist also wants to share the combat experience. We commissioned as Naval officers knowing we risk our lives but do so to more fully serve our clients. We do not wish harm upon any of our fellow service members but there exists a guilt stained wish that *something* will happen so this therapist will *get it*; this therapist will comprehend combat in a way few other psychologists will. Without the quintessential combat experience one may doubt her role as a military psychologist and perhaps what it truly means to be a military psychologist.

So, we were working at an outpatient clinic that just happened to be in Afghanistan. After a few months we successfully readjusted our expectations regarding our work. It was powerful to recognize that we could be just as professionally fulfilled with the nature of this particular deployment even though it was not what we expected. Of course, the Combat Stress Clinic (CSC) did respond to traditional combat stress and psychiatric emergencies but these were far from the dominant presenting problems. Rather, we immersed ourselves into relationship crises, career management, non-combat trauma, loss and even couples counseling; keeping Marines, sailors, soldiers, and airmen fit to fight whatever form that fight might take. Professional psychology is by nature a creative endeavor. It is with this creativity that we encourage our patients towards change and may save ourselves in the process. (Continued on page 13)



PSYCHOLOGY DEPLOYMENT FACT:

Among current Navy Psychologists, the most common deployment was to Afghanistan, followed by an aircraft carrier, Cuba, Iraq, a MEU and D'jibouti.

**NAVY AND MARINE CORPS COM
MEDAL**

LT Vahe Sarkissian
LT Christofer Ecklund
LT Kristin Somar



LT Ashley Clark
and LCSW LTJG
Patrick Baker
display their
tan belts.

NAVY PISTOL QUALIFICATION

LT Vahe Sarkissian (S)

NAVY RIFLE QUALIFICATION

LT Vahe Sarkissian (M)
LTJG Aaron Weisbrod (E)
LT Katherine Kline (E)
LT Libby Peachey (E)
LT Jessica Forde (E)



LTs Kline, Peachy and
Forde and LTJG
Weisbrod shoot Expert.

NAVY PISTOL QUALIFICATION

LTJG Aaron Weisbrod (E)
LT Katherine Kline (E)
LT Libby Peachey (E)
LT Jessica Forde (E)

MARINE CORPS MARTIAL ARTS (MCMAP)

LT Ashley Clark – Tan Belt

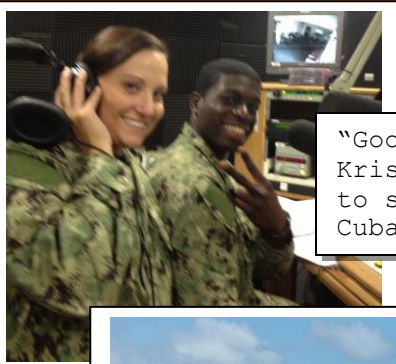
**SURFACE WARFARE MEDICAL DEPARTMENT
OFFICER**

LT Vahe Sarkissian
LCDR Nausheen Momen
LCDR David J. Loomis
LT Christofer Ecklund



LCDR Loomis is
awarded his SWMDO.

LCDR Momen is awarded
her SWMDO.

DEPLOYMENT SNAPSHOTS:**GUANTANAMO BAY, CUBA**

"Gooooooooodmorning GTMO!" LT
Kristen Somar provides outreach
to service members deployed to
Cuba live on the airwaves.



PUBLICATIONS AND PRESENTATIONS (BOLDED NAMES ARE NAVY PSYCHOLOGISTS)

Bandermann, K.M. & Szymanski, D.M. (2014). Exploring coping mediators between heterosexist oppression and posttraumatic stress symptoms among lesbian, gay, and bisexual persons. *Psychology of Sexual Orientation and Gender Diversity*, 1(3), 213-224.

Chui, H., Hill, C.E., Ain, S., Ericson, S.K., Ganginis Del Pino, H.V., **Hummel, A.M.**, Merson, E.S., & Spangler, P. (2014). Training undergraduate students to use challenges. *The Counseling Psychologist*, 42.

Drum, K.B. & Littleton, H.L. (2014). Therapeutic boundaries in telepsychology: Unique issues and best practice recommendations. *Professional Psychology: Research & Practice*. Advance online publication. <http://dx.doi.org/10.1037/a0036127>

Littleton, H.L., Grills, A.E., & **Drum, K.B.** (2014). Predicting risky sexual behavior in emerging adulthood: Examination of a moderated mediation model among child sexual abuse and adult sexual assault victims. *Violence and Victims*, 29(6), 981-998.

Spangler, P., Hill, C.E., Dunn, M.G., **Hummel, A.M.**, Walden, T., Liu, J., Jackson, J., Ganginis Del Pino, H.V., & Salahuddin, N. (2014). Here-and-now: Teaching undergraduate students the skill of immediacy. *The Counseling Psychologist*, 42.

NAVY MEDICINE BLOGS

Embedded Psychology with the 31st Marine Expeditionary Unit by **LT Luis Concepcion**

<http://navymedicine.navylive.dodlive.mil/archives/7993>

It Boils Down to Credibility by **LTJG Aaron Weisbrod**

<http://navymedicine.navylive.dodlive.mil/archives/7675>

Putting It In Perspective by **CDR Arlene Saitzyk**

<http://navymedicine.navylive.dodlive.mil/archives/7529>

Pre-Service Trauma: A Case Study by **LT Ashley Clark**

<http://navymedicine.navylive.dodlive.mil/archives/7245>

Expressions of Gratitude Go A Long Way by **LT Jay Morrison**

<http://navymedicine.navylive.dodlive.mil/archives/7135>

Off to See the Wizard by **CDR Carrie H. Kennedy**

<http://navymedicine.navylive.dodlive.mil/archives/7079>

An Intensely Personal Issue by **LT Mark Peugeot**

<http://navymedicine.navylive.dodlive.mil/archives/7066>

Building Resilience through Adaptive Athletics by **CAPT Scott L. Johnston**

<http://navymedicine.navylive.dodlive.mil/archives/6708>

**NEWEST ABPP Board
Certified Psychologists!**

**LT Nathan Hydes
CDR Joe Bonvie**

PSYCHOLOGISTS OF THE YEAR

JUNIOR: LT JESSE LOCKE

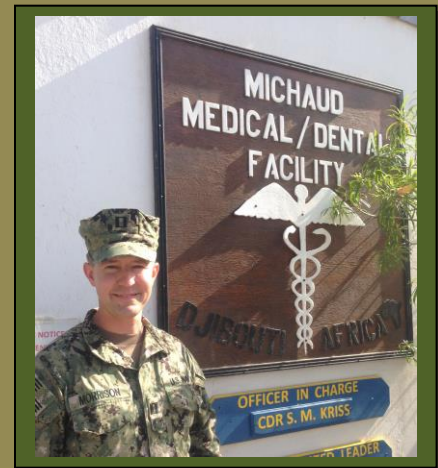
SENIOR: CDR JOSEPH BONVIE

CIVILIAN: DR. DANIEL WRIGHT

TIPS FOR A SUCCESSFUL TURNOVER

LT JAY A. MORRISON

Adding to the challenge of deployed, expeditionary environments is the speed of personnel turnover: for example, in two months, 80% of the staff at Expeditionary Medical Facility Camp Lemonnier changed. This included the key leadership positions of the Officer in Charge and the Senior Medical Officer. Turnover cycles are typically not synchronized: individuals have varying tour lengths, others extend, and replacements can be delayed, limiting turnover time. It is not always possible for the turnover of important roles to be staggered, for minimal mission disruption. In addition, the responsibility to transfer important information to new personnel is left primarily to the individual being replaced – it is his or her responsibility to ensure as seamless a transition to the new member as possible, often with no systematic guidance as to how to do so.



Consider all of this in light of our theories of team building: Bruce Tuckman's 1965 classic model describes 4 basic stages of group development: Forming, Storming, Norming, and Performing. The near constant introduction of new personnel has the potential to keep groups in the initial stages of formation, just as the strong demand for highly reliable team performance remains. How can we use our skills as psychologists to accelerate group development and cohesion when turning-over our roles, or assisting others in doing so?

1. MAKE A PLAN: This may take the form of making a formal turnover binder, which is a common practice and is required in some cases. The turnover binder will contain clear, step-by-step instructions for each task required in the role, as well as other documents such as relevant instructions, forms, and other materials. Ideally the turnover binder is completed prior to the arrival of the replacement, so that turnover consists largely of reviewing the binder. It's also beneficial to plan for the rehearsal of specific tasks whenever possible – plan for a walk-through of the MEDEVAC process, practice coding procedures in AHLTA Theater, and so on. Teach your role using multiple modalities whenever possible (i.e., tell the replacement how something is done, show him or her where it is written down, and behaviorally rehearse it), keeping in mind your replacement will be drinking from the proverbial fire hose during his or her first weeks on-station. You may even consider sending an electronic version of your turnover binder to your replacement in advance, if not prohibited by OPSEC.

2. IDENTIFY POINTS FOR INNOVATION: Every tour has "unfinished business." This may be a command instruction in progress, a training that is developed but was never delivered, or a clinic process improvement that was not implemented. Pass the baton to your replacement, and brief him or her on your positive future vision for your project and what you see as next steps.

3. BUILD BRIDGES: Vital to the performance of any mission is knowing the people. While you will be introducing your replacement to those he or she will be working with for mission completion on a daily basis, building bridges doesn't end there. Help your replacement connect socially to the extent possible, as well as to additional professional connections that may be helpful outside of their immediate sphere.

4. MODEL TEAM BEHAVIOR: In addition to actively teaching your role, be sure to include your replacement in as many existing team meetings as possible. This will allow them to observe the social norms for the working group, understand the existing personality of their service, and gain a better idea of how they fit in to day-to-day operations.

(Continued on page 13)

MESSAGE FROM THE SPECIALTY LEADER, CONTINUED FROM PAGE 1.

Last night was by far the worst night so far. At 2200, we were notified that there was a mass casualty event involving four Marines inbound to Charlie Surgical, with an ETA of five minutes. The triage officer, general surgeon, orthopedic surgeon, and I walked over to the hospital. I was in my green USMC sweat pants and my 8th and I sweatshirt. As we waited in the triage area, a Humvee came driving up full speed and screeched to a halt in front of us. The area was overcome with a strong smell of fuel and burnt flesh. We quickly learned the source of the smell. A severely burned Marine, Sgt P, was pulled out of the Humvee. He was obviously severely burned with skin hanging from his body like tattered rags. The strange thing was that he was very lucid and everything he said was in concern for his fellow Marines. There was a lot of yelling from the Marines, mostly regarding who was found, who was missing and apologies for not doing more. The atmosphere was chaotic. Another Marine was brought in, Sgt C, who had second degree burns to his face and some trauma to his hand. The third Marine, Sgt M, had some trauma to his lower left leg. The fourth Marine, Staff Sgt W, had a concussion and minor injuries to his shoulder and thigh. He repeatedly kept yelling, "I got my bell rung pretty good, but I am okay. Where is my Gunny? Is he okay?" Due to his hearing loss, I had to speak loudly to him and he was in turn talking very loudly. Sgt P was rushed to the OR. Once stabilized, he and Sgt C were medevaced to Baghdad and then off to the burn unit in Texas. Many of the Marine's buddies were also at the hospital and obviously concerned about their friends. I worked as a command liaison relaying information about their condition and escorting them to visit their buddies, as it was appropriate. The Gunnery Sgt. was not accounted for.

As the night went on, I compiled a more accurate account of what happened. Earlier that night, a three-Humvee EOD unit was on their way back from a successful mission of dismantling a roadside IED. Just 10 minutes from camp, the second vehicle in the convoy triggered a pressure plate IED that exploded under the fuel tank. The ignited fuel consumed the vehicle and secondary ordnance in the Humvee started to explode. Sgt P was completely on fire and the other Marines quickly tried to extinguish the flames. Sgt M, from another Humvee, rushed over and dragged Staff Sgt W away from the burning Humvee and as a result received a secondary blast wound to his lower leg.

At 0200, I was ready to hit the rack, exhausted. I dropped by the MA (mortuary affairs) and heard that they had been notified that Gunnery Sgt M had been found dead. He was burned; some of his remains were in the Humvee and some were scattered around the scene. The MA unit was preparing to head outside the wire and recover those remains.

At 0700, I was informed that Staff Sgt W was going to be informed about the death of Gunnery Sgt M. They were good friends from Okinawa and their wives were friends as well. The Gunny had trained Staff Sgt W, who had just been promoted to team leader. Gunnery Sgt M had gone on the mission to make sure everything went okay. The unit's Master Sergeant arrived with two Staff Sergeants and then went into the ward and gave Staff Sgt W the news about the Gunny. He was obviously upset and there were a lot of tears, holding hands, and hugs. The other four Marines on the ward listened solemnly and just stared at the ceiling with a maturity far beyond their young years.

I had a few more sessions with Staff Sgt W throughout the day. His thinking slowly cleared, his headache faded, and his hearing improved. He continued to ruminate on what happened during the blast. I tried to gently challenge his almost automatic guilt reaction over not doing something to help his Gunny. Otherwise, there was lots of validation, support and normalizing of his experience. He appeared to find comfort in his faith and the fact that God must have a plan.

Later in the day, I asked the Gunny from MA if my patient could go to the refrigerator unit where the remains of Gunnery Sgt M were. He could not see the remains, but I thought the experience might help provide him closure. I spoke to Staff Sgt W about this possibility and he stated that the Gunny was his friend and he wanted to say goodbye. LT P, a chaplain, was visiting the hospital and I asked him to come along as well. I carried Staff Sgt W's IV and we walked over to the container box that had been converted to a morgue refrigerator. As we approached, Staff Sgt W reached out with his right hand and placed it on the side panel of the container box. He instantly broke into tears. I placed my hand on his back in support and he put his arm around me. He placed his head on my shoulder and cried. After a moment, he asked for a prayer from the chaplain. We all embraced and the chaplain led us in prayer.

It was an intense, difficult day for me and it is only my second week in Iraq. I hope I can make it through six months. I was shocked at the sight and smell of the burned Marines. The images even entered my dreams at night. I was comforted by my sense of purpose and the contributions I provided during this terrible incident. The pace has been high over the past two days with little sleep. I hope for me, the rest of the staff, and for the Marines that the pace slows down.

On Aug. 16, the Surgical Company staff was notified that after months of fighting to recover from his burns, and after getting married, Sgt P succumbed to his injuries and died in Texas with his wife by his side. ♡

**MESSAGE FROM THE RESERVE ASSISTANT SPECIALTY LEADER,
CONTINUED FROM PAGE 2.**

7. Your predecessor should provide you with general details concerning your deployment responsibilities. Think of what might be handy to take with respect to assessment tools and treatment materials. Be judicious, because you will probably have a weight limit. Remember the advice a Gunny told me: You pack it, you hump it. You don't want to hump anything more than you must. Related to this advice, consider what you really require to feel comfortable. You probably will not need more than one set of civilian clothes for most locations, and you'll likely be issued a uniform and gear issuance at the NMPS. Arrive at the NMPS in your khakis or NWU. Ship them home once your deployment uniforms are issued. Jettison everything that is unnecessary.
8. Within 30-days of deployment, you should have all of your medical, dental, administrative, and training requirements completed. Why so early? Because you will inevitably be slammed with unexpected crises or undisclosed requirements at the last minute. You want to minimize distractions from being with your family and concluding your civilian job requirements. That time is precious, and it flies. It would be good to take your spouse and children to the NOSC around this time to make certain that they have contemporary and valid DOD identification cards. Make certain that all of their details are accurate in DEERS at this time. Pro-Tip: Contact the NOSC, make an appointment, and verify that the ID-card machine is actually working before assemble your spouse and kids for a futile trip to the NOSC.
9. When should you notify your employer? It depends. Always remember that your orders are just paper until you get on the plane to leave. The system is sometimes arbitrary and reactive. Because of rapidly changing requirements, your orders might be canceled within a few days of your departure. I advise you to notify your employer that you are alerted for mobilization. Let them know when and how long you may be gone. Let them know, however, that there is always a chance the orders may be canceled or modified. Ultimately, you will need a copy of your orders to take military leave. Familiarize yourself with the Uniformed Services Employment and Reemployment Rights Act (USERRA).
10. Okay, you've taken care of your pre-deployment requirements from the Navy, and you've addressed issues with your employer. How will you tend to your family? The materials that the NOSC mobilization office offers are actually helpful. I encourage you to read, review, and discuss with your spouse. Make a plan for regular communication. Discuss how you will manage financial affairs. Work out a monthly budget. Carefully consider a power of attorney for your spouse. Download voice-over-internet programs (e.g., Skype, VSEE, etc.) for your spouse and you. Be advised, some places have great internet, and you may have sufficient bandwidth for video. Others are inadequate to permit audio. Chat-text programs are a good back up to consider.
11. Reporting day will be upon you faster than you might imagine. If you have completed all of the requirements, this should be painless. On a Friday, you'll report to the NOSC. The clerk will review your package, and you leave. They have booked your flight to the NMPS, and you will leave on Sunday. You should be at the NMPS for no more than a week and probably less. Pro Tip: Don't schedule your cell phone service to terminate until the day after your departure. You may not leave when you expect. If you are flying on a military flight or charter, pack a roll of toilet paper and a small hygiene kit in your carry on. Word.
12. About 60 days before you are scheduled to come home, your demobilization orders should be written. Read them carefully. Make your reservation at the BOQ at the NMPS site. You will probably be at the NMPS for two weeks. Decompress and relax. From there, you will go to your NOSC of record and then home. Pro Tip: If you are a senior officer, and drill in a city that is distant from your home, you can request courtesy mobilization and de-mobilization orders. This requires written approval from the NOSC's in your drilling city and your home city. Check out the COMNAVRESFOR N35 page on the Naval Reserve Homeport. Phone numbers, e-mails, and forms are listed to facilitate this process. Pardon the colloquial: You don't want to sit in a distant NOSC over a weekend for ten minutes of paperwork without your family and without a vehicle when you could be home.
13. Hang in there. The days will pass, and you will endure. Be proud of your service, and take heart in knowing that you left hearth and kin to do your duty and take care of warriors. You are a true patriot. ♣

A DRAWDOWN DEPLOYMENT, CONTINUED FROM PAGE 7.

In a combat zone, professional fulfillment protects us from the uncertainty that surrounds us. Professional comfort bolsters our own resilience as we live with the one stable truth: the one thing that stays the same is change. As 2014 wore on, a surprisingly chilly winter became a pleasant Afghan spring became a stifling summer. Yet as the seasons changed so did the footprint of the base. A swath of barracks was here one day, gone the next. DFACs (dining facilities), shops, the chapel: gone. Each week another landmark absent. Not even the clinic was immune to the requirement to demolish physical structures. The CSC had been the professional home to other members of our community where many Navy psychologists grew into their roles of military psychologists. However, one Monday we saw patients. On Tuesday the clinic closed and on Wednesday the CSC re-opened in a space shared with the Dental Clinic while our former clinical home was razed. In times of rapid change, routine can bring comfort and while the deployment routine may be maintained (chow, work, chow, PT, chow, sleep, repeat) the constant shift of our physical space characterized our experience. These changes emphasized the provisional nature of deployment and the need to be present in the here and now...because that Green Beans Coffee won't be there forever.

Months later the enduring lesson of this deployment is that psychology practice is a practice of hope for both the patient and practitioner. A deployment is an opportunity for growth and perhaps more so when it is not what we expect. With focused attention to the value of service to our patients we are able to remain engaged with the joy of our clinical practice and become better psychologists because of it. Ψ

TURNOVER, CONTINUED FROM PAGE 10.

5. MAINTAIN A POSITIVE ATTITUDE: It doesn't need to be stated that deployments are not always easy or pleasant. While certainly they can be some of the most rewarding and growth-producing aspects of life in the service, as evidenced by the articles in this very issue, there are also numerous challenges, obstacles, and trials. The many stressors of deployment can result in frayed nerves, high operational tempo can lead to exhaustion, and the lack of privacy can yield difficult interpersonal conflicts. There is not a command in the Navy or Marine Corps that does not have its challenges, and this holds true of deployed environments as much as anywhere else in the Fleet. Finally going home can seem like an immeasurable relief. All of that being said, when your replacement arrives at last and you cannot wait to check-out, do not just quit, as much as you may want to. Finish strong. Whether your replacement is eager and enthusiastic, or reluctant and fearful of being away from home, casting the deployment experience in as positive a light as is realistic and instilling hope in them for the coming months can have a tremendous impact, not just on their success, but on the success of the command. As psychologists, we understand that emotional contagion is a reality. And as therapists we understand the importance of building hope and optimism. Use those skills when bringing your replacement on board, and fight any urges to mentally disengage too soon.

It can be said that the two most important time points in any job are how you come in, and how you go out. It is precisely because tours are so brief that the turn-over process is so vital: a good turnover can set the stage for a deployment of accomplishment and success. A bad turnover is akin to breaking a runner's ankle just as the gun goes-off at the start of the race – considerable time must be spent in recovery before running can begin again. And by that time, the race is over. Give your replacement a running start! Ψ

PSYCHOLOGY DEPLOYMENT FACT:

50% of current Navy Psychologists have deployed once. 22% have deployed twice. 9% have deployed three times or more. The remainder have not yet deployed.

DEPLOYMENT SNAPSHOT:

MONROVIA, LIBERIA

LCDR Wade Eckler and CDR Robin Lewis recently returned from Monrovia, Liberia as part of the USPHS Medical Mission Unit. The two were part of a six person Behavioral Health Care Team that focus on Force Health Protection and Psychosocial Patient Support in the fight against Ebola. Lcdr Eckler is currently stationed at Naval Hospital Pensacola as a Staff Psychologist. CDR Lewis is currently stationed at Naval Health Clinic Charleston where she serves as Director of Health Services.



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DATE
Thursday
August 27, 2015

TIME
8:00 am - 4:00 pm EDT

LOCATION
Naval Medical Center
Portsmouth,
Building 3
2nd floor auditorium
and available online through
Defense Connect Online
(DCO)

COMMUNITY WISDOM

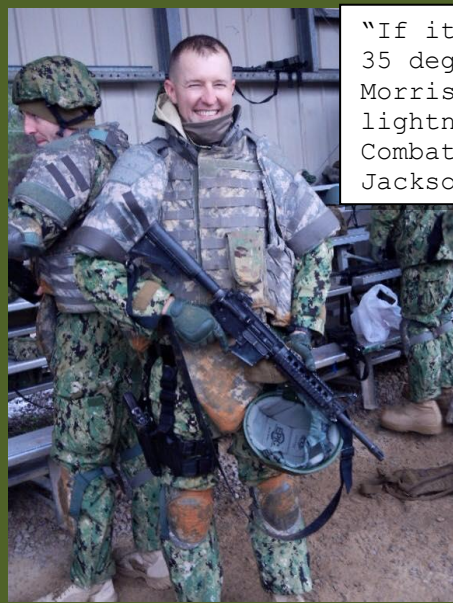
The following vignette sections, "Memories from Deployment" and "Advice for First-Time Deployers" represent some of the responses we received from our community survey on deployments. Thanks again to all of our Navy psychologists for contributing, and enjoy!

MEMORIES FROM DEPLOYMENT...

- Within the hour of getting back to home port at the end of my first deployment 9/11 happened. The ship was spun around pier side with family members, banners, balloons and all watching as we were ordered back to sea.
- When leaving Europe, they handed out Ambien. Then our C-5 had mechanical trouble and we had to turn around and land. Some of the guys had to be carried off because we couldn't get them to wake up.
- Due to 9/11 having just happened, I transferred to the ship earlier than planned so that we could deploy early. That meant that I ended up in one of the least desirable staterooms, just inboard of the hydraulic machinery that powered aircraft elevator #4. Whenever the aircraft elevator cycled, it created a sound like a jet engine that was so loud it was painful. I got the ship's Safety Officer to put a decibel meter in my rack and discovered that it was 112 Db in my rack! Fortunately, as a safety precaution, a glaxon horn sounded right before the machinery engaged. My roommate and I both became classically conditioned to clamp our hands over our ears at the sound of a glaxon -- even in our sleep!
- I've always been lucky with living arrangements and was assigned to "sleepy hollow" on the ship. Very quiet, cool, and comfy. Best sleep ever.
- The day I left for Cuba - Osama Bin Laden was killed.
- We boarded what we thought was a flight from Manas to Leatherneck, but our unit realized halfway through the flight that it turned out the plane was going to Kandahar. We eventually ended up where we were supposed to go.
- We watched various series of shows like Homeland. Of course the ship loves to play Groundhog Day when we crossed the International Date Line and repeated an entire day.
- We were spoiled in GTMO - 2 bed/1.5 bath townhouses for 2 officers. I had an excellent roommate. There were always good smells coming from our kitchen since we both like to cook!
- Plane broke down while trying to fly from Afghanistan to Manas. Sat on the tarmac in 120 degrees for two days at Bastion. Missed flight from Manas back to the states. Finally caught a flight back to the states after not being able to shower or change for 4 days.
- Pre-deployment training was supposed to be 30 days, they managed to get us through in a week. Medical didn't go with main body so we flew commercial and paid for the flight on our government travel card. Our motto was we wanted to deploy so badly we paid for it ourselves.
- Three to a room on O3 level of carrier right under landing spot. I still have hearing problems from this. Great roommates though who I still keep in touch with.

ADVICE FOR FIRST-TIME DEPLOYERS...

- Never walk around in the field in bare feet or just shower shoes – fire ant bites!
- Sleep now and get ready for the greatest experience of your life.
- Make it fun, because if you take it too seriously it will be long and miserable.
- Expect to sit around a lot; stay in your lane, and don't try to be a warfighter.
- It all matters: Your mindset/attitude (positive and flexible work best), your physical preparation, and your family relationships. All have to be purposefully on point before leaving.
- Prepare for poor planning, disorganization, frustration, and lack of sleep. Hope for a few strong friendships to get you through the rough times. Stay focused and know that the time will go by quickly if you keep yourself busy.
- With regard to rumors about your deployment (e.g., going home early, getting extended, etc.) believe none but expect all.
- It is normal to be nervous initially - making a good friend and social support while on deployment goes a long way. Enjoy the adventure!
- Learn to make everything your comfort zone, or prepare to be uncomfortable.
- It is like the old Dicken's line "It was the best of times; it was the worst of times". There will be highs and lows.



"If it ain't raining, we ain't training" - 35 degrees and wet is no problem, but LT Morrison and the class take a break due to lightning at the Navy Individual Augmentee Combat Training Center (NIACT), Fort Jackson, SC.



R2 makes the mail mission happen at Camp Lemonnier. Hopefully the Force is with you for on-time deliveries.



With 7 locations in Afghanistan, 1 in Iraq and 2 in Djibouti, Green Beans Coffee offers the comforts of a typical US coffee shop to those deployed overseas. Beware the MOAC (Mother of All Coffees): 4 shots of espresso in a 24oz house coffee cup. Hooyah.